MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0368 6

2706.

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Garrett Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Oakland GARRETT Md. | LENGTH OF STAY (in this place) 1 yr. 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE W. Va. COUNTY Preston 85x-3

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Fellowsville Community

STREET ADDRESS (If rural, give location) Route 2, Newburg

3. NAME OF DECEASED: (Type or Print) (First) Lora (Middle) Shaw (Last) Bolyard

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 27, 1880

9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tucker Co., West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Shaw

14. MOTHER'S MAIDEN NAME: Francena Sigley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. Evelyn Barth, Fairmont, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

33/X

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1955, to March 15, 1955, that I last saw the deceased alive on March 14, 1955, and that death occurred at ..... p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Oakland Md. DATE SIGNED 3/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 3/15/55

NAME OF CEMETERY OR CREMATORY Mt. Israel Cemetery

LOCATION (City, town, or county) (State) Preston Co., W. Va.

DATE REC'D BY LOCAL REG. 3/15/55

REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR Emory Baldwin ADDRESS Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03681

2707

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK. MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) MAUDE (Last) BROWNING.

4. DATE OF DEATH: (Month) MARCH. (Day) 28 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE-18-1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OAKLAND MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MARTIN VAN GRIM.

14. MOTHER'S MAIDEN NAME: CARRIE FRIEND.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: SAMUEL BROWNING. DEER PARK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Heart Disease	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 1955., to March 29, 1955., that I last saw the deceased alive on March 30, 1955., and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE Ralph Colandella (DEGREE OR TITLE) MD ADDRESS Kitzmiller Md DATE SIGNED March 31-55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF MARCH-30-1955 NAME OF CEMETERY OR CREMATORY DEER PARK CEMETERY LOCATION (City, town, or county) (State) DEER PARK. MD

DATE REC'D BY LOCAL REG. 3/29/1955

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy Baldwin ADDRESS OAKLAND. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03682

2718

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND MD
HOSPITAL OR INSTITUTION OR STREET ADDRESS
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) CARRIE (Middle) BELL (Last) COGLEY.

4. DATE OF DEATH: (Month) MARCH (Day) 31 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB-6-1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PATTERSON CREEK. W.VA.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: CHARLES TUSING

14. MOTHER'S MAIDEN NAME: MATILDA DIMITT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: FRED COGLEY. OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

334X

Immediate cause (a) Cerebral Cerebrosclerosis

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1945, to Mar 15, 1955, that I last saw the deceased alive on Mar 15, 1955, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE E. F. Bennington (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED Apr 2-1955

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF APRIL-3-1955

NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY

LOCATION (City, town, or county) OAKLAND (State) MD

DATE REC'D BY LOCAL REG. 4/2/1955

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emory Baldwin ADDRESS OAKLAND MD.

MARYLAND 2709

02695

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Garret t — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Kitzmiller
LENGTH OF STAY (In this place) 78yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller X
STREET ADDRESS (If rural, give location) Church Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Thomas	Davis,Sr.	March	13,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb.7,1882	73 yrs.	1	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Coal mines	near Kitzmiller, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Francis Davis	Willie Canzadia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	219-03-8123	Mrs.Lucy McClung,Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Acute Intestinal Obstruction from — 3 days

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the stomach — 3 mos.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Degen. Arteriosclerosis. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1955, to March 13, 1955, that I last saw the deceased alive on March 13, 1955, and that death occurred at 4:55 P. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandriello M.D (Degree or title) ADDRESS Kitzmiller, Md DATE SIGNED March 14-55

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/16/55	Nethken Hill Cemetery	Elk Garden, Mineral Co W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/15/55	Chas Barrick	Otha F. Sharpless, Blaine, W.Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02698

2710

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9, Film 179 3-23-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND MD
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD COUNTY: GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND MD.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HILL (Last) HERMAN

4. DATE OF DEATH: (Month) MARCH (Day) 6 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 6 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE MAN. ROAD

10b. KIND OF BUSINESS OR INDUSTRY: FOR ST.

11. BIRTHPLACE (State or foreign country): SWANTON MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN HERMAN

14. MOTHER'S MAIDEN NAME: AGNES COGLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) 1908

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS VIOLA HERMAN OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Carcinoma of stomach — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

Interval Between Onset and Death:

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 19 1955

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1954, to March 6, 1955, that I last saw the deceased alive on March 5, 1955, and that death occurred at 2:05 P.m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (DEGREE OR TITLE) M.D. ADDRESS Oakland Md. DATE SIGNED Mar. 7, 55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: MARCH-9-1955

NAME OF CEMETERY OR CREMATORY: OAKLAND CEMETERY

LOCATION (City, town, or county) (State): OAKLAND MD.

DATE REC'D BY LOCAL REG. 3/9/55

REGISTRAR'S SIGNATURE: Julia L. Keegan

24. FUNERAL DIRECTOR ADDRESS: Emroy Boldin OAKLAND MD.

2711 Item 9, Film Gl°1, 5/12/55 fcy

03685

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): X TOWN Rural Grantsville

LENGTH OF STAY (in this place): 8 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Garett

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Grantsville Md X

STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (First) MEWO (Middle) E. (Last) HERSHBERGER

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 23-1878

9. AGE last birthday: XX 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Was Owner

11. BIRTHPLACE (State or foreign country): Rural Grantsville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Emanuel Hershberger

14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Ada Kinsinger, Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.), INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-21-1955 — NAME OF CEMETERY XX CREMATORY Niverton — LOCATION (City, town, or county) (State) Rural Salisbury Pa

DATE REC'D BY LOCAL REG. May-7-1955 — REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg — ADDRESS Grantsville Md

LATENESS- FILM G-181 - 5/9/65 mb.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03686

2712

CERTIFICATE OF DEATH

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL. GORMAN. MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL. GORMAN. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) GRACE (Last) HOFFMAN.

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 31 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT. 26 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ANAESTHETIST.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): UNION TOWNSHIP PA

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: SAMUEL HOFFMAN.

14. MOTHER'S MAIDEN NAME: AGNES TREASTER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 236-03-9736

17. INFORMANT & ADDRESS: MRS NORMA HARVEY. GORMANIA. W.VA. RT-1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
296X Immediate cause	(a) Thrombocytopenic Purpura with severe anemia	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO aplastic bone marrow, cause under.	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 mo., 1955, to 31 mar., 1955, that I last saw the deceased alive on 14 mo., 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. Alfred V & Osmo ADDRESS Cumberland, md. DATE SIGNED 5 apr. 55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF April-2-1955 NAME OF CEMETERY OR CREMATORY RED HOUSE CEMETERY LOCATION (City, town, or county) NEAR OAKLAND (State) MD

DATE REC'D BY LOCAL REG. 4/8/1955 REGISTRAR'S SIGNATURE Elinor C Stanton

24. FUNERAL DIRECTOR Emroy Boldin ADDRESS OAKLAND MD.

03688

2713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 8, Film 6181 5-19-55 et

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X OAKLAND — LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EGLON
STREET ADDRESS (If rural, give location) ROUTE #1 ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILLIAM (Last) MARTIN
4. DATE OF DEATH: (Month) MARCH (Day) 15 (Year) 19[illegible]

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: OCT. 5, 1[illegible] 1860
9. AGE last birthday: 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MARTIN, STEVE FRANKIE
14. MOTHER'S MAIDEN NAME: MARTIN, PHOEBE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MRS. [illegible] OAKLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Myocardial Heart Disease & failure — 6 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart & Vascular Disease — 8 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2/ 19.55, to 3/15/ 19.55, that I last saw the deceased alive on 3/14/ 19.55, and that death occurred at 6:12 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
C.E. Mance MD — Oakland Md — 15 March 55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
3/18/55 — Lonesome Pine Ridge — Aurora, W. Va.

DATE REC'D BY LOCAL REG. 3/18/55 — REGISTRAR'S SIGNATURE Julia Rowan LR — 24. FUNERAL DIRECTOR — ADDRESS
Wayne C. Higgle — Davis, W. Va.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2714

MARYLAND STATE DEPARTMENT OF HEALTH

02700

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9, Film C179 3-21-55 et

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X OAKLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] X
STREET ADDRESS (If rural, give location) [illegible] 11 SECOND STREET

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) ELLEN (Last) MILLS

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	[illegible]	AUG. 27, 1869	85 6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		[illegible]	U.S.

13. FATHER'S NAME [illegible] SAMUEL

14. MOTHER'S MAIDEN NAME SISLER, [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull, head left temple — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) - Age reduces

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
Fall	Deer Park Bridge	Oakland	Garrett	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
March 5 - 1955 4pm.		Slipped & fell on street

22. I hereby certify that I attended the deceased from June, 19[illegible], to March, 19[illegible], that I last saw the deceased alive on March 7, 19[illegible], and that death occurred at 5:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. J. Dawn Sr. M.D. ADDRESS Oakland Md DATE SIGNED 3/8/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 10-1955	Rose Haven	Mar Oakland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/10/1955	Julia A Rowan LR	Emory Bolden	Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02703

2715

CERTIFICATE OF DEATH

Reg. Dist. No.........

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND MD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL FRIENDSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY GARRETT.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL FRIENDSVILLE MD. X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MATILDA (Middle) (Last) SCHROYER

4. DATE OF DEATH: (Month) (Day) (Year) MARCH-17 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC-20-1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GARRETT Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRANK UPHOLD.

14. MOTHER'S MAIDEN NAME: MOLLY KELLEY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: DAVID SINES. FRIENDSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auricular fibrillation c̄ Cardiac failure — 2 wks

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Cardio-vascular disease — years

DUE TO Arteriosclerosis — years

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.27, 1954, to 3.8, 1955, that I last saw the deceased alive on 3-8, 1955, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE James H. Feaster Jr. M.D. (DEGREE OR TITLE) ADDRESS 58 2nd st Oakland, md DATE SIGNED 3.18.55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF MARCH-19-1955 NAME OF CEMETERY OR CREMATORY BLOOMING ROSE CEMETERY LOCATION (City, town, or county) NEAR FRIENDSVILLE (State) MD.

DATE REC'D BY LOCAL REG. Mch. 19 1955 REGISTRAR'S SIGNATURE Ruth Martz Deputy

24. FUNERAL DIRECTOR Emory Bolden ADDRESS OAKLAND MD.

02704

MARYLAND 2716

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Kitzmiller | LENGTH OF STAY (In this place) 48 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller X
STREET ADDRESS (If rural, give location) Church Street

3. NAME OF DECEASED (Type or Print): (First) ARLIE (Middle) CASTELE (Last) SOLLARS

4. DATE OF DEATH: (Month) MARCH (Day) 5, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 25 1875

9. AGE last birthday: 79 yrs. | If under 1 year: Mos. 5 Da. 10 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal mines

11. BIRTHPLACE (State or foreign country): Elk Garden, W.Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: THOMAS SOLLARS

14. MOTHER'S MAIDEN NAME: JANE JUNKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: X

17. INFORMANT AND ADDRESS: MRS. EDNA RODERICK, WESTERNPORT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Bronchi-Pneumonia — Interval Between Onset and Death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio Vascular Renal Disease — 5 Yrs.

(c) with edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1955, to March 5 1955, that I last saw the deceased alive on March 5, 1955, and that death occurred at 3:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ralph Columbella M.D. Kitzmiller Md March 7-55

23. BURIAL, CREMATION (Specify) | DATE 3/8/55 KALBAUGH | NAME OF CEMETERY OR CREMATORY Hethron Hill Cemetery | LOCATION (City, town, or county) (State) Elk Garden, Mineral; W.Va

DATE REC'D BY LOCAL REG. 3/8/55 | REGISTRAR'S SIGNATURE Ann Barnick | 24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W.Va.

KALBAUGH

MARGIN RESERVED FOR BINDING

02705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2717

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural Jennings

LENGTH OF STAY (in this place): 10-years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 07

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Jennings X

STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Lucretia (Last) Wilburn

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 18.1880

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Mount Pleasent Pa

12. CITIZEN OF WHAT COUNTRY? U*S*A

13. FATHER'S NAME: Basil Durst

14. MOTHER'S MAIDEN NAME: Sophia Foust

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-32-3099B

17. INFORMANT & ADDRESS: Jason Wilburn. Jennings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocardial failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Essential hypertension

DUE TO

(c) Hypertensive heart disease

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1955, to Mar 1955, that I last saw the deceased alive on 3-8-1955, and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John E Whitehead, Jr MD. Salisbury, Pa. 3-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-13-1955

NAME OF CEMETERY OR CREMATORY: Grantsville

LOCATION (City, town, or county) (State): Grantsville Md

DATE REC'D BY LOCAL REGISTRAR: 3/12/55

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR ADDRESS: Wm Winebrenner — Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15